

Inquiry into Winter Preparedness 2017-18

Written Submission by ADSS Cymru

Authority	Jenny Williams, President of ADSS Cymru
Completed by	Paul Pavia, Policy and Research Lead
Date	12 July 2018

General Comment

1. The Association of Directors of Social Services (ADSS Cymru) is the professional and strategic leadership organisation for social services in Wales and is composed of statutory Directors of Social Services and the Heads of Service who support them in delivering social services responsibilities and accountabilities; a group of more than 80 social services leaders across the 22 local authorities in Wales.
2. As the national leadership organisation for social services in Wales, the role of ADSS Cymru is to represent the collective, authoritative voice of Directors of Social Services, Heads of Adult Services, Children's Services and Business Services, together with professionals who support vulnerable children and adults, their families and communities, on a range of national and regional issues of social care policy, practice and resourcing. It is the only national body that can articulate the view of those professionals who lead our social care services.
3. As a member-led organisation, it is uniquely placed as the professional and strategic leadership organisation for social services in Wales, to lead on national service development initiatives to ensure a consistent efficient and high standard of delivery for people who access care services across Wales.
4. ADSS Cymru is committed to using the wealth of its members' experience and expertise, working in partnership with other agencies, to influence important decisions around social care to the benefit of the people it supports and the people who work within care services.
5. ADSS Cymru welcomes the opportunity to submit written evidence to the National Assembly's Health, Social Care and Sport Committee on its inquiry into winter preparedness, both in regard to the evaluation of the delivery of operational plans last winter (2017-18) but also in regard to the operational plans being formalised for next winter (2018-19).
6. Much like other parts of the UK, urgent and emergency care services in Wales have experienced periods of significant pressure and demand and this is an issue that has now become a challenge for 52 weeks of the year, not just over the winter months. There has been a sharp rise in the number of people seeking treatment and care at emergency departments and a peak in ambulance arrivals at hospitals throughout Wales. Over recent years the NHS across Wales has seen an increased number of people being admitted with a complex range of medical conditions and consequently greater degrees of frailty. Because of the nature and acuity of their conditions, these people take longer to assess, diagnose and treat and may have ended up staying in hospital longer for their treatment;

they often need more support arrangements to be put in place to enable them to eventually be discharged.

7. However, experience demonstrates that the winter months pose particular challenges for health and social care organisations and unscheduled care services face further pressures during the winter months; an area which impacts on how patients and the public experience health and social care services. Yet, it should be stated that the winter of 2017-18 was particularly challenging, one of the most challenging on record, with significant peaks in demand at secondary and primary care levels. December 2017 was the busiest for attendance at emergency departments on record and was preceded by the second busiest January to March on record, due primarily, to very high levels of flu and elderly admissions. The extreme weather in early March also made it extremely difficult for both NHS and social care workforces to operate, which clearly had an effect on both waiting and discharged times.
8. ADSS Cymru welcomed the Welsh Government's acknowledgement that the social care sector and its workforce, play an equally important role in delivering care and had faced the same considerable pressures last winter as workers in the NHS and recognised that fact by providing an additional £10 million to local authorities to address their most immediate priorities, which were identify as:
 - i. Providing extra domiciliary care packages
 - ii. Providing care and repair services to enable quicker discharge from hospital and maintain independence at home
 - iii. Short-term and step-down residential care.

Where do the pressures reside in the system?

9. ADSS Cymru believes that the pressures on acute hospitals in winter come from many sources and are a symptom of wider issues in the local health and social care system, suggesting that a more sustainable response will be developed by looking at the whole system. Good flow across the system is key to creating and maintaining capacity.
10. In addition, we are now finding that problems that were usually confined to the winter months are now increasingly being experienced at other times of the year as well. Whilst there is a mixed picture across the Welsh authorities and regions there are a number of trends reported by local authorities in relation to unscheduled pressures. These include:
 - The fragility in domiciliary care and re-ablement services, exacerbated by market capacity, volatility in demand and short-term problems, associated with sickness or leave at times of public holiday.
 - Responsiveness and complexity of service required are significant issues, with recruitment and retention said to be challenging, particularly, though not exclusively, in rural communities.
 - Capacity in traditional residential care has been relatively resilient, but many areas have reported a scarcity of specialist Elderly Mentally Infirm (EMI) and nursing care capacity (in part as a result of workforce issues and with a particular challenge with recruitment of nurses)
 - Pressures on the hospital system, in particular increased admissions and people presenting with higher levels of acuity, coupled with the reduction of hospital beds.
 - Patient/Family choice and expectations

Delayed Transfers of Care

11. Delays in hospital discharge and timely transfer of care to other secondary providers, primary care and community care (hospital and home) have a significant impact on patients, their carers and indeed for those patients requiring admission to hospital. Therefore, discharge and transfer of care planning and its effective implementation is everyone's business, with the Multi-Disciplinary Team (MDT) at both ends of the system being critical to its successful delivery.
12. Delayed transfers of Care (DToC) are seen as the main reporting mechanism for the sector and are the benchmark used by Welsh Government to determine how well a Health Board and Local Authority are performing. Over the past few years, there has been a great deal of work to both understand the issues and causes of DToC and poor patient flows, along with tools and resources to address these.
13. The varying complexity of DToCs require effective partnership working by health and social care organisations. Transferring patients from one care setting to the next relies on appropriate joint processes and a patient centred approach. Therefore, DToC can be an indication of ineffective collaboration, contributing to systemic failure rather, than the actions of individual parties, whether in social care or the NHS.
14. A DToC is a complex issue and ADSS Cymru strongly believes that in pursuing a whole systems approach in the planning and delivery of services, to fixate on this one issue in isolation would be to miss the point. A DToC is just a symptom of a broken patient journey. For example, while historically, the majority of DToCs can be attributed to delays within the NHS (Annex. 1), within the last year, we have seen the proportion attributable to social care increase, reflecting pressures faced by local councils, where the capacity of the workforce is a major contributory factor and so too is the stability of the market.
15. In 2013, the Community Hospital Interface Group published its report on DToC and stated that if improving flow is to be assured on a sustainable basis, a three-stranded approach is needed:
 - i. A preventative approach which identifies those at risk of being admitted to hospital and seeks to intervene to avoid this where it is appropriate to do so;
 - ii. A proactive approach which identifies and manages those at risk of becoming delayed when in hospital;
 - iii. Effective systems and processes to identify and manage those who experience a delay in their discharge or transfer to a more appropriate setting.

Following on from that in 2016, the Social Services Improvement Agency also published a report entitled, *Delayed Transfers of Care: Informal Review to Identify Good Practice*, which focused on operational practice, systems and processes within local authority and health board partnerships under the four themes of – Capacity, Consistency, Communication and Culture.

16. The research found there has been a conscious move towards rebalancing provision towards primary and community led healthcare service. The move towards a more community driven NHS response has led to significant investments in community services, including the establishment of Community Resource Teams (CRTs). Local authorities in partnership with Health Boards have

developed the CRTs and have also provided a shared approach to re-ablement, in addition to the longer term domiciliary care provision. This reinforces the need for all responses to take a whole system approach.

17. A number of actions have been identified to improve performance in relation to DToC, these included:
 - Implementation of existing guidance - such as 'Passing the Baton' and the Ten High Impact Changes for Complex Care.
 - Avoiding unnecessary hospital admissions – working with GPs to identify key people at risk to target early intervention, use of specialist staff at the “front door”, providing support and advice to care homes, use of third sector organisations in the provision of preventative services and support.
 - Choice – ensure implementation of existing guidance, ensure staff are “on message” i.e. hospital is not accommodation and need early discussions to plan discharge, use of intermediate care beds, step down beds, interim placements etc.
18. ADSS Cymru believes that the winter 2017/18 saw greater collaboration across services and organisations in support of improved patient flow through the hospital system and transferring care to the community. Most local authorities have integrated re-ablement teams who can 'pull' patients out of hospital by organising packages of care quickly and effectively. This includes homecare, meals, small adaptations, transport. It is really important that social care is recognised as coordinating this function as part of the whole system approach. Those collaborative partnerships continue to mature and again there was consensus that relationships between partners have continued to improve through 2018, particularly as the work of the Regional Partnership Boards takes further root; partners now jointly own DToCs and collective action is being taken to tackle the issue.
19. Progress is being made on reducing the levels of DToC in Wales and in some regions, they are at historically low levels. It should be noted that while demand for social care last winter was very high, particularly home care services, the sector was able to effectively respond and consequently, the overall DToC figure has reduced. From a full year perspective, the total number of DToC in 2017 was 750 (13%) lower than in 2016 and the lowest full year total recorded in the 12 years that DToC statistics have been collected. In February 2018, DToC decreased by 11% in compared to January 2018. Yet, it is evident that pressures continue to exist, particularly in relation to future funding arrangements for social care.

Unscheduled Care

20. Local authorities have and continue to work closely with local health boards, Welsh Government and other partners to plan for unscheduled pressures and design services to meet needs. Local authorities have utilised the funding streams available to them to support much of their work in helping to lessen the impact of winter pressures. For example, previously funding from the Regional Collaborative Fund (RCF) was used to support the development of new services across regions with a focus on priority areas, including winter pressures for social care and health services. While the Intermediate Care Fund (ICF) has also provided opportunities to achieve a further step change in the way services work collaboratively at both strategic and operational levels, there is a significant level of uncertainty that accompanies this sort of short-term funding provision, which does impact on

recruitment. ADSS Cymru believes that while local authority social services have fully utilised these investment streams to reduce DToC pressures, we feel this has to be placed on a more sustainable footing moving forward and we hope Welsh Government will acknowledge that fact in future budget arrangements.

21. Other work local authorities have been involved with include the development of unscheduled care plans and pilot projects, aimed at managing winter pressures. This has included elements such as:
 - An exploration of opportunities to jointly fund interim placements with the aim of improving the discharge process and reducing the number of delayed transfers of care
 - Improving GP access during core hours
 - Closer working with regard to escalation procedures at times of increased demand
 - Development of step up / down beds.
 - Expanding Intermediate Care Service (Social Workers, Therapists, District Nurses and generic workers) available over the weekend in order to increase the number of safe discharges during the Winter pressures period
 - Having social work presence within hospitals to help prevent avoidable hospital admissions and facilitate earlier discharge.

22. There are also examples of innovative approaches that have been developed, for example, Healthy Prestatyn/Healthy Rhuddlan Iach, an integrated model of primary care delivery. This aims to treat patients as full and equal partners in their health journey, applying an integrated MDT approach to primary care which makes maximum use of community assets to fully address patient need. The new primary care service is based on four elements - Same Day, for minor ailments and injuries; Elective Centre, for planned care including chronic conditions; Domiciliary and Care Home Support; and an Academy providing training for professionals and patients. This represents a more holistic approach, recognising that the way to avoid delayed discharges is to identify how people end up in hospital and tackling the problem at its source.

23. Whilst there are examples of good practice right across Wales and much progress has been made, a clear test in addressing the challenges presented by winter pressures and unscheduled care is the capacity of the organisations and resources available. Given the ever-growing pressure on services, partners need to work together across the statutory and third sector to ensure best use of scarce resources in a time of austerity.

How can the NHS and local government initiate further integration for future winters?

24. At the heart of the Parliamentary Review of Health and Social Care and the Welsh Government's response, *A Healthier Wales*, is service integration; integration across health and social care is key. The health and well-being of the population is not the sole responsibility of the NHS and everyone must come together to play their part, particularly within the spheres of prevention and early intervention; that's where local government social services can lead, if properly enabled. Integration and collaboration needs to happen, both within and outside of the health service. The NHS will not be able to rise to the challenges it faces without the help of colleagues in other sectors, including the third sector (a sector we feel was not properly valued in the Parliamentary Review) housing, leisure, education, and in particular, those in social services. Ultimately, local government wants to lead on

the well-being and prevention agendas and significantly reduce the flow of citizens entering the acute sector; that is the only way to take pressure off the system.

25. The Social Services and Well-being (Wales) Act has provided opportunities to support integrated working through the creation of Regional Partnership Boards and requirements to undertake joint population assessments and action plan. ADSS Cymru believe that we need to take a more radical approach to integration, with local government at its heart. This is critical if we are to shift focus and resources towards prevention and early intervention, rather than treatment or resolving crises in the acute sector. The ICF has provided regional health and social care collaboratives the opportunity to focus on projects that deliver safe and impactful services to people in their own homes, reducing hospital admissions and freeing up beds in the acute sector. Developing these new models of service delivery have involved 'out of the box thinking', with the integration of social care, health and housing, along with the essential contribution of third and private sector agencies.
26. We need to learn from this, as well as from the approaches in other countries, in order to be able to accelerate this agenda in Wales, making better use of all available resources to both health and social services, to drive this forward towards more meaningful integration and improved outcomes. In effect, what we need to see now, in line with *A Healthier Wales*, is those best practice prevention and early intervention services effectively scaled up to provide more help before hospital admission becomes the only solution.
27. ADSS Cymru is currently working with Welsh Government and other stakeholders on three crucial work streams, using Delivering Transformation funding, that will help facilitate further integration, particularly around the future financing of social care and the scaling up of new models of service delivery, as well as the further integrated development of pooled budgets; all work that underpins the Welsh Government's delivery of *A Healthier Wales*.

What are ADSS Cymru's Five Fundamental Asks?

28. Put prevention at the forefront of the whole systems debate

Local Government social services would like to see the initial activity of implementing *A Healthier Wales* to focus on prevention and early intervention. The future integration of health and social care services should be devised around keeping people physically and mentally healthy, in their communities, for as long as possible. Because once there is pressure on services in the community, the consequential impact is that there is pressure on the acute sector. If a person cannot see their GP in a timely manner, or is able to attend a local Minor Injuries Unit for assessment, they will present to hospital A&E. Therefore, as part of the prevention approach, there needs to be more effective information, media coverage and advice from key service organisations as to how people can keep themselves well, as well as when to attend hospital and when not to. Primary Care has a fundamental roll in this regard and we would like to explore new ways of local government taking over some of the elements of strategic planning of Primary Care in the community.

29. Define the real problem and measure it

As has been previously stated, ADSS Cymru believes that too much focus and importance is put on DToC, which is just one part of a whole systems approach of expediting the patient through secondary care and back into the community. We would recommend that Welsh Government identifies data that actually captures the real issue, rather than, as is seen by coordinators on the

ground in local authorities, the current bureaucratic mechanism for allocating blame. We have discovered from studies in England – particularly the Nuffield Trust’s examination of the New Cavendish Group of hospitals - the current system for reporting delayed discharges severely underestimates the numbers of patients in hospital who are ready to move elsewhere. In England, some hospitals have started to monitor the patients that could be cared for in other settings on a routine basis and are using this data to improve services.

30. Operational improvements within organisations

There are many interventions that are known to reduce the numbers of patients waiting for discharge, ranging from simple process improvements to bigger policy changes. However, it is possible that hospitals and local authorities are so busy fire-fighting that they lack the capacity to implement these measures. Therefore, it is important that Regional Partnership Boards take a firm lead on this agenda and ensure that there is sustainability of best-practice through the use of pooled budgets and effective use of ICF funding.

31. Improve the interface between hospitals and other services

Social care has had a role in increasing delays slightly this year and the timeliness of social care assessments is an important factor here. However, so is the interface between hospitals and community services, as is the availability of home support, therapies, access to diagnostics and other NHS services close to the patient. In driving forward *A Healthier Wales* and new models of integration, local authority social services have a real opportunity to lead this whole agenda – if properly supported and resourced – because of the networks it has already fostered with housing associations, the third sector and other agencies. These are extremely useful allies for local authorities but they often find dealing with the NHS very difficult and individually, they cannot solve the health sector’s problems alone.

32. Moving away from bureaucracy and duplication

The significant numbers of patients delayed in leaving hospital are both a cause and a symptom of problems in the smooth running of NHS hospitals. Yet, there is also a variation in local government and NHS performance in managing these delays. Learning from areas with fewer delays, improving systems and processes within hospitals and making better use of data can all help. For example, ADSS Cymru believes that while there is capacity in the discharge system, there is a lot of duplication of discharge co-ordination roles and functions, like Discharge Liaison Nurses, Patient Flow Co-ordinators etc.

ANNEX. 1

